

Overpayment Refund Notification Form

In order for an overpayment refund to be processed in a timely manner, please submit a completed form with all refund checks and supporting documentation. If the refund check you are submitting is an Anthem Blue Cross and Blue Shield (Anthem) check, please include a completed form specifying the reason for the check return.

Provider name/contact: _____
Contact number: _____
Provider ID: _____
Provider tax ID: _____
Subscriber ID: _____
Document control number (displayed on Cost Containment Unit letter): _____
Member name: _____
Member account number: _____
Date of service (to): _____
Total billed charges: \$ _____

Total check amount: \$ _____

Claim number(s):

Reason for refund or check return:

- | | |
|--|--|
| <input type="checkbox"/> Anthem letter
<input type="checkbox"/> Contract rate change
<input type="checkbox"/> Duplicate payment
<input type="checkbox"/> Incorrect member
<input type="checkbox"/> Incorrect provider
<input type="checkbox"/> Negative balance | <input type="checkbox"/> Other health insurance/third-party liability
<input type="checkbox"/> Payment error
<input type="checkbox"/> Billed in error/adjusted charge
<input type="checkbox"/> Other: _____ |
|--|--|

www.anthem.com/inmedicaidoc

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

All refund checks should be mailed with a copy of this form to:

Anthem Blue Cross and Blue Shield
P.O. Box 933657
Atlanta, GA
31193-3657

Once the Anthem Containment Unit has reviewed the overpayment, you will receive a letter explaining the details of the reconciliation. Thank you for completing this Overpayment Refund Notification Form.

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.